

For your



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

BENEFIT

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GROUP INSURANCE COMMISSION

Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
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Centered Care: Three of Ten Key Elements *How These Affect You*

centered  care

The GIC is moving the Massachusetts health care marketplace to new more efficient ways of getting and paying for care. We are requiring our health plans to establish integrated systems of care called Centered Care. The health plans receive financial incentives for achieving budget targets and adopting new payment systems, or penalties for not meeting these new benchmarks.

Centered Care has 10 key elements and over the next few issues of *For Your Benefit* we will highlight these features and how they affect members. The first two are described in this month's guest editorial by Dr. Paul Kasuba, Chief Medical Officer of Tufts Health Plan (see page 2):

- 1) **PCP designation:** Your plan keeps track of who your primary care provider (PCP) is and lets the provider know that you are their patient and that you have selected him or her to coordinate your care. Primary Care Providers include physicians with specialties in internal medicine, family practice, and pediatrics, nurse practitioners, and physician assistants.
- 2) **PCP engagement:** Your PCP helps coordinate your care.

A third element of Centered Care is **data sharing**, where your primary care provider team has electronic health records so that they have ready secure access to your health history, prescriptions, lab results, and appointments, enabling them to keep track of your medical needs and make sure they are met. In 2009, a federal stimulus bill included \$19 billion to help medical practices adopt electronic health records. As a result, the adoption of electronic health records has skyrocketed between 2008 and 2012 according to the Centers for Disease Control: from 17 percent to 50 percent in physician offices. Electronic health records help medical practices:

- ❖ Send reminders to their patients about needed tests and checkup reminders;
- ❖ Simplify tracking on whether patients have actually completed these tests and come in for their visits;
- ❖ Access medical records from other providers, including hospital discharge instructions, to better coordinate and manage care;
- ❖ Avoid unwelcome drug interactions and monitor changes in prescription medications;
- ❖ Coordinate appointments with multiple specialists; and
- ❖ Provide feedback on areas of quality improvement for the practice.

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Your Primary Care Provider's Role in a Gated vs. Guided Model Health Plan

Guest Editorial by Paul Kasuba, M.D., Chief Medical Officer, Tufts Health Plan

Fifty-two year old Joe has been dealing with a persistent cough. After a week of sleepless nights and some encouragement from his wife, Joe contacted his Primary Care Provider (PCP). Because Joe has a relationship with his PCP and his provider knows that aside from his preventative appointments, Joe only calls him when he is truly ill, he told Joe to come in right away. Joe is seen by his PCP and the diagnosis is pneumonia. Without treatment, Joe's situation could have gotten a lot worse in a short amount of time.

Joe's story is not an uncommon one and it highlights the importance of having a PCP who knows you. Building that relationship creates a rapport with someone who understands not only your health care needs, but also you personally. Having continuity in your relationship with a clinician is an important part to maintaining your health. They may guide you on age appropriate preventative screenings, treat your health conditions, and advise on lifestyle changes intended to keep you well.

Your PCP is a trusted resource capable of navigating the confusing world of health care, making this relationship critical. As a PCP myself, I have experienced the value of this relationship with my patients. Knowing the difference in how individuals react to stressful circumstances helps me to better understand my patient's concerns and personal health needs. It becomes easier to know when a headache is just a headache and when it may be something more. I am better able to pick up on subtle differences related to a patient's symptoms when I have a connection with a patient over time.

Today, many PCPs use a team approach that centers on the patient to provide a higher level of quality, greater

affordability and convenience. PCPs are usually physicians, but may also be nurse practitioners and physician assistants. They coordinate with other providers and get to know you as a person as well as a patient. The GIC's Centered Care Program seeks to better coordinate care for patients, with PCPs as the focal point.



*Paul Kasuba, M.D.,
Chief Medical Officer,
Tufts Health Plan*

PCPs are taking a more active role in adding value to a patient's overall health care experience. The traditional HMO plan is a "gated care" model, whereby the plan manages referrals by keeping care not only within the network at large, but typically within a home hospital. A PPO plan is more of a "guided care model", and gives members more freedom of choice to go wherever and whenever they choose, with higher out of pocket expenses when going outside of the network. While it is not required in a PPO to have a PCP, it is strongly encouraged because "guided care" means better care for patients, with patients exercising informed decision making with the support of a PCP who knows them. A POS is somewhat of a compromise between the two requiring members to designate a PCP, but still giving you the ability to go out of network. Regardless of plan type, having a PCP that you trust and have confidence in will assure that you get the care that you need to keep or make you healthy.

Paul Kasuba, M.D., is the Chief Medical Officer of Tufts Health Plan and also serves as Vice Chairman of the Medical Directors Committee for the Alliance of Community Health Plans. A member of the American Medical Association and the Massachusetts Medical Society, Dr. Kasuba currently maintains a limited private internal medicine practice. He is a graduate of Tufts University School of Medicine and received his A.B. degree with honors in political science from Duke University.

Centered Care: Three of Ten Key Elements How These Affect You *continued from page 1*

Centered Care assists your providers in providing the best care for you. You also have a role in improving your own care by following your PCP's instructions, taking medications and tests as prescribed, not smoking, eating right, and exercising. Together, the GIC, our health plans, the provider community, and you, our members, can enjoy better health care under the Centered Care Initiative.

Benefit Statement Mailed Late January

New MyGIC Gives You Online Access Anytime

Every year the GIC mails members their personalized benefit statements so they can verify that their GIC records are up to date. This year's benefit statement will be mailed during the last week of January. When you receive your statement, check the following and notify your GIC Coordinator (active employees) or the GIC office (retirees and survivors) of any changes:

- ❖ Spelling of your name and covered dependents;
- ❖ Dates of birth;
- ❖ Status of your spouse and covered dependents;
- ❖ Life insurance beneficiary (state employees and state retirees only); and
- ❖ Home address

Important Reminders for Your GIC Benefit Statement

- ❖ **Are you legally separated or divorced?** Be sure your former spouse is listed as "F" (former spouse) and not "S" (spouse). If your former spouse is listed as a spouse, you must report the divorce using the included change form. If you are covering a former spouse and you or your former spouse remarries and you fail to report the remarriage, your health plan and the GIC have the right to seek recovery of health claims paid or premiums owed for your former spouse, *which can be extremely costly to you*.
- ❖ **Are you a survivor of a covered state or municipal employee or retiree?** If you remarry, you must notify the GIC of your remarriage. GIC health insurance coverage ends upon remarriage.

★ New MyGIC Self Service Center Website ★

Over the next several months, the GIC is mailing to all state and municipal employees instructions and a PIN number to register for online access to view and print your GIC benefit statement anytime you choose. This new resource gives you access to all of the features of the annual benefit statements, including life insurance beneficiaries (for state employees) on an up-to-date basis. Additional enhancements, such as online change capabilities and expansion to retirees and survivors, will be rolled out in future phases.

Be sure to take advantage of the great features of this new online site and save your MyGIC PIN mailing with your important papers for future MyGIC site visits.

State Board of Retirement (SRB) Beneficiary Details for State Employees

Active state employees who participate in the State Board of Retirement's retiree benefits will receive SRB beneficiary details on the back of their GIC benefit statement. Should you die while in active state service and before retirement, your SRB beneficiary is the person or persons who will receive certain pension benefits and payments of unused vacation or sick time owed. Your SRB beneficiary can be a different person from your GIC beneficiary for life insurance benefits – be sure both are correct as the two agencies maintain separate beneficiary records. The SRB's beneficiary form and return envelope will be enclosed in the mailing to help you easily correct your SRB beneficiary if necessary.

The GIC's Annual Public Hearing

Wednesday, February 5, 2014
12:30 p.m. – 2:30 p.m.

Minihan Hall, 6th Floor

Charles F. Hurley Building
19 Staniford Street, Boston, MA 02114

GIC-eligible employees, retirees, and the public are invited to attend the annual public hearing. The GIC will describe benefit and premium prospects for FY15, and attendees are invited to provide feedback.

We Want to Hear From You

Member Survey will be Distributed Before Annual Enrollment

The GIC is sending out a survey to all of our members before Annual Enrollment begins. We want to hear from you about plan features and communications that are most important to you. Please take a few minutes to complete this. There will be a number of ways to send it to us including online and at our health fairs. Thank you for your input!

Federal Health Care Reform

What Does it Mean to You?

The Affordable Care Act was signed by the President in 2010, and many aspects of federal health care reform have since been rolled out to GIC members:

Preventive Care Covered with No Cost Sharing: As of July 1, 2011, preventive services, such as mammograms, scheduled immunizations, routine physical and OB/GYN visits, and cholesterol screenings for adults are no longer subject to a copay or to the calendar year deductible. This benefit was expanded with additional women's preventive care effective July 1, 2013. Medicare members received similar benefit enhancements.

Dependent Coverage Expanded to Age 26: Prior to July 1, 2011, dependents who were full-time students were covered to age 26, and dependents were covered up to two-years after loss of IRS coverage, or age 26, whichever came first. Now, GIC members can keep their children, stepchildren, adopted and foster children on their GIC health plan up to the age of 26, regardless of IRS dependent status.

Summary of Benefits and Coverage (SBC): Last spring the GIC health plans distributed to members enrolled in their plans a new document required by federal health care reform that provides the plan's benefits and cost-sharing requirements in a standardized format. Each year, members will receive an updated SBC and new employees will receive notice of where these can be viewed and printed: www.mass.gov/gic/sbc.

Marketplace Notice/Notice of Exchange: In October, all employees received a Marketplace Notice, also known as a Notice of Exchange, from their benefits office. New employees must also receive this notice from their employer. The Notice describes the availability of coverage through the Health Insurance Marketplace, which in Massachusetts is the Mass Health Connector.

So Should I Purchase Health Insurance Through the Marketplace?

Most GIC members enjoy more comprehensive benefits by remaining in their GIC health plan. If you are eligible for GIC health insurance coverage as an employee, you are not eligible for subsidies through the Connector, unless GIC coverage is not "affordable." For these purposes, affordable means the individual premium for the least expensive plan for which the employee is eligible costs more than 9.5% of the individual's household income.

Although GIC members can enroll in unsubsidized Connector coverage, they will lose the employer contribution to the GIC plan (75% or 80% for state employees and 80%, 85% or 90% for state retirees; and different percentages for municipal enrollees). They will also lose the tax benefit of paying for health insurance on a pre-tax basis. This adds about 44% to the cost for the typical employee. The bottom line: a Connector plan will be more expensive than staying with a GIC plan.

There are exceptions to the above:

- ❖ If you are very low income and live outside of Massachusetts (and therefore not eligible for one of the GIC's less expensive plans), you may benefit by enrolling through your state's Marketplace. Visit the federal website to be directed to your state's options: www.healthcare.gov; or call 1-800-318-2596.
- ❖ If you are Medicaid eligible, you may benefit by applying for Mass Health, either to enroll in MassHealth, or to get a premium voucher from MassHealth to pay for part of your GIC premiums.
- ❖ If you are on COBRA/Deferred Retirement, or if you are a low income retiree who is not Medicare eligible and not eligible for insurance through another employer, Connector plans available to you may be less expensive than the full-cost or retiree premium share of GIC plans. Check the Connector's website to assess your options: mahealthconnector.org.

Note that Connector subsidies are not available to those on Medicare and a GIC Medicare plan will provide the best value for Medicare retirees.

What Will Change in 2014?

More people will receive tax credits and subsidies to pay for insurance through the Marketplaces as Medicaid eligibility expands. Note that as of press time some states, including Maine and New Hampshire, have decided against Medicaid expansion. In general, however, the following chart indicates income levels at which people are eligible for Medicaid or Connector subsidies:

Even with this expansion, most GIC members will enjoy better benefits and lower costs by remaining in their GIC plan. If you do meet the expanded definition of Medicaid, contact MassHealth as noted above.

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Federal Health Care Reform

What Does it Mean to You? *continued from page 4*

Family size	Eligible for Medicaid (annual income)	Eligible for a subsidy (annual income)
1	Up to \$14,856	\$11,170 to \$44,680
2	Up to \$20,123	\$15,130 to \$60,520
3	Up to \$25,390	\$19,090 to \$76,360
4	Up to \$30,657	\$23,050 to \$92,200

Source: Federal poverty guidelines for 2012-2013.

Some of the changes that go into effect nationwide in 2014 have been previously in place for Massachusetts residents, such as the need to get health insurance. Guaranteed coverage without regard to preexisting illness will be a new benefit for other private sector employees, but members of GIC plans have never been denied coverage for preexisting illness, nor have they been charged higher amounts for coverage.

The GIC will be subject to some ACA fees, but the state as a whole will simultaneously benefit from Medicaid and Connector subsidies. The GIC directly received money

from the Early Retiree Reinsurance Program, which we have used to pay claims. Additionally, ACA-connected efforts should help the GIC and our plans improve care coordination and financial accountability for health care providers.

New standards for essential health benefits will go into effect July 1, 2014, and the GIC, our consultant, and plans are currently evaluating a few ancillary benefits such as prosthetic wigs that may need to change from dollar limit benefits to limits on frequency, such as once per year. Additionally, new out-of-pocket maximums will go into effect. These changes will be determined and communicated to you by the beginning of Annual Enrollment.

The bottom line: for most GIC members, benefits have improved as the result of the Affordable Care Act.



Long Term Disability Participants

Don't Wait to File Your Claim

If you are a state employee enrolled in the Long Term Disability program and become ill or injured and unable to perform your job, do not wait until the 90-day elimination period has elapsed to file your claim. By starting the claims process early, you will avoid gaps in pay and maximize your benefits. To start your claim, call Unum, the LTD carrier, at 1-877-226-8620 ext. 1 and request a claim submission packet. Be sure to complete the paperwork completely and accurately so that your claim can be expedited.

For most illnesses and injuries, we recommend that you start the claims process approximately 45 days into your leave from work. However, if you have one of the following conditions, begin the claims process as soon as possible after you stop working:

- ❖ Chronic fatigue/Epstein Barr Syndrome
- ❖ Mental/Psychiatric Disorders
- ❖ Fibromyalgia
- ❖ Multiple Sclerosis
- ❖ Systemic Lupus Erythematosus (SLE)
- ❖ Cardiovascular Conditions
- ❖ Back pain that may lead to surgery
- ❖ Repetitive Motion Injuries (e.g. Carpal Tunnel Syndrome)

After the 90-day elimination period, all LTD participants are eligible for the minimum benefit of \$100 or 10% of your gross monthly benefit, whichever is greater, even if you are using sick time. Once you stop using sick time, this benefit will increase. By filing early, you will also have access to resources, such as Vocational Rehabilitation Counselors, that can help you return to a productive lifestyle.

New Ex-Officio Designees Join the Commission

The Commission recently welcomed two new ex-officio designees, individuals designated by the Secretary for Administration and Finance and the Commissioner of Insurance to represent the perspective of those offices. Pam Kocher, Director of Local Policy for Administration and Finance, is now serving as Secretary Glen Shor's designee, replacing Candace Reddy, who had been A&F's Assistant Secretary for Health Care Finance. The Commissioner of Insurance, Joseph G. Murphy, appointed Debra E. Kaplan, Senior Financial Analyst in the Financial Surveillance and Company Licensing Section, to replace long-time GIC Commissioner Suzanne Bailey as his designee.

The two new ex-officio designees bring complementary experience to the Commission as the GIC continues to implement Municipal Health Care Reform and our Centered Care Initiative. Ms. Kocher has day-to-day responsibility for leading the Patrick Administration's efforts to build partnerships with local governments. She joined the Administration in 2008 and was previously the Senior Research Analyst for Policy and Advocacy at the Massachusetts Municipal Association. In her position at A&F, she helped develop 2011 Municipal Health Insurance Reform and oversees local governments' use of the reform process. "The GIC's commitment to controlling costs while maintaining quality coverage is clearly driving change in the municipal health insurance market," said Commissioner Kocher. "The latest



Pam Kocher, Designee for Glen Shor, Secretary of Administration and Finance

version of the municipal health law reduces barriers to access the value the GIC provides and gives health plans incentives for remaining competitive with the GIC by offering plan designs that mirror GIC plan benefits."

Commissioner Kaplan, who has worked for the Division of Insurance since 1996, provides financial regulatory oversight of 15 Massachusetts insurers with a focus on Health Maintenance Organizations (HMOs) and health insurers. She has also been a key contributor for health care solvency regulation as a result of Massachusetts and federal health care reform. She has revamped the HMO license renewal process in response to changes in state laws allowing for two instead of one-year licenses. Prior to the Division, she worked for a New England mutual property and casualty insurer.



Debra E. Kaplan, Designee for Joseph G. Murphy, Commissioner of Insurance

Commissioner Kaplan's expertise will be valuable as the GIC moves forward with the Centered Care Initiative. "This initiative spurs needed change in the market as health plans are pushed into new arrangements that reward them for delivering high-quality and cost-effective health care," said Commissioner Kaplan. "We will be looking for health insurers to enter into new arrangements with providers to share risk, coordinate effective and efficient delivery of health care, while remaining financially solvent."

We welcome our newest Commissioners and thank former Commissioners Candace Reddy and Suzanne Bailey for their service!



Paul Lazar, of Harvard Pilgrim Health Care, discusses GIC Harvard Pilgrim health insurance options with Becky Carrancho, a City of Gloucester enrollee.



Marisa Masiello, PharmD, CVS Caremark pharmacist, with Donna Wray, employee of the North Andover Stevens Memorial library, at the GIC health fair held in North Andover.

Welcome to the Following Municipalities Effective July 1, 2014!

Town of East Bridgewater

Town of Framingham

Town of Middleboro

The Town of North Andover is joining the GIC
Retiree Dental Plan effective July 1, 2014.

Keep in Mind...

Q) I do not have GIC health insurance benefits. May I enroll in these benefits?

A) You may enroll in GIC health insurance benefits during the GIC's spring Annual Enrollment period or during the year with proof of involuntary loss of health insurance coverage elsewhere. In order to be eligible for GIC health insurance, employees must work at least 18.75 hours in a 37.5-hour work week or 20 hours in a 40-hour work week and be in a benefited position. Retirees must be eligible to collect and continue to collect a monthly pension from the State Retirement Board or another participating public retirement system in order to be eligible for GIC health insurance.

Q) I am a legally separated or divorced employee/retiree who is remarrying. What do I need to do?

A) You must notify the GIC in writing that you have remarried, and send a copy of your new marriage certificate, GIC ID number (usually it is your Social Security Number), and your former spouse's last known home address. If you have not already done so, please include a copy of the following sections of your divorce agreement: page with the date of the legal separation or the date of the divorce became final, health insurance provisions, and signature pages. Also provide your new spouse's name, date of birth, and Social Security Number.

If you fail to report a legal separation, divorce or remarriage, your health plan and the GIC have the right to seek recovery of health claims paid or premiums owed for your former spouse.

See the GIC's website for answers to other Frequently Asked Questions: www.mass.gov/gic/faq.

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GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org/gic
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com/gic
NHP Care (<i>Neighborhood Health Plan</i>)	1-800-462-5449 www.nhp.org/gic
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP (<i>Beacon</i>) Medicare Complement, Medicare Preferred	1-800-870-9488 www.tuftshhealthplan.com/gic 1-855-750-8980 www.beaconhs.com/gic (code: GIC) 1-888-333-0880 www.tuftshhealthplan.com/gic
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME), & PLUS Prescription Drugs (<i>CVS Caremark</i>) Mental Health/Substance Abuse and EAP (<i>Beacon</i>)	1-800-442-9300 www.unicarestatplan.com 1-877-876.7214 www.caremark.com 1-855-750-8980 www.beaconhs.com/gic (code: GIC)



Other Benefits for State Enrollees

Life Insurance and AD&D (<i>The Hartford</i>)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic/life
Long Term Disability (LTD) (<i>Unum</i>)	1-877-226-8620 www.mass.gov/gic/ltd
Health Care Spending Account (HCSA) & Dependent Care Assistance Program (DCAP) (<i>Benefit Strategies</i>)	1-877-353-9442 www.mass.gov/gic/tsa
GIC Retiree Vision Discount Plan (<i>Davis Vision</i>)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>MetLife</i>)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (<i>Davis Vision</i>)	1-800-650-2466 www.davisvision.com

Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors (<i>Beacon Health Strategies</i>)	1-781-994-7424 www.beaconhs.com/gic (code: GIC)
Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA) www.mass.gov/mtrs
Medicare (<i>Federal Program</i>)	1-800-633-4227 www.medicare.gov
Social Security Administration (<i>Federal Program</i>)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/retirement

Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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Dolores L. Mitchell, Executive Director
Cindy McGrath, Editor

Health Care Trend Report

Reference Pricing

California hospitals bill insurers wildly different rates for hip or knee replacement. Prices vary from a low of \$15,000 to an astounding \$110,000, depending on which hospital an individual chooses for the surgery. The California Public Employees' Retirement System (CalPers), the state's benefits agency, in conjunction with one of its insurers, Anthem Blue Cross, a subsidiary of WellPoint, has fought back by introducing Reference Pricing for state employees.

Under Reference Pricing, employees can reduce their out of pocket costs by electing to have a hip or knee replacement at one of 54 hospitals, including well-known Cedars-Sinai and Stanford University hospitals. These hospitals have agreed to charge Anthem Blue Cross no more than \$30,000 for the surgery, and were selected based on how many knee and hip surgeries they perform annually and surgery outcomes. If employees choose to have the surgery performed at a hospital that charges more, the employee pays the cost difference between \$30,000 and the hospital's charge.

Results from the first two years of the program showed

that most employees who had the surgery at one of the non-participating hospitals had the same out-of-pocket costs as they did before the program as these hospitals ended up lowering their costs as a result of the program. High priced hospitals dramatically reduced and low priced hospitals slightly reduced their prices as a result of the program. Overall costs for hip and knee surgeries fell 19 percent in the first year with no impact on quality of care. CalPers realized \$5.5 million in savings in the first two years of the program.

A 2013 survey by benefits consultant, Towers Watson, found that 15 percent of large employers are taking a look at Reference Pricing in 2014. WellPoint is working with the Kroger Company, a large grocery chain, to start a similar program for certain MRIs and CT scans. "Reference Pricing works best for non-emergency medical services where the quality of care does not vary significantly," said Dolores L. Mitchell, the GIC's Executive Director. The Commission has not made any decisions about reference pricing, but staff will be doing more work to see whether reference pricing on selected procedures would be a good way to lower costs without sacrificing quality.

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